ATTACHMENT PART 5

KELLY, Leslie

Reg. No.: 26864-039

MCK 327552-F2

PART B-RESPONSE

This is in response to your Request for Administrative Remedy receipted in my office on March 3, 2004, in which you claim you are not receiving appropriate medical care and deliberate indifference. Specifically, you request to see a medical doctor and a CT scan for chronic headaches.

An investigation of your complaint reveals you arrived at FCI McKean on July 19, 2002. Your first complaint of headache was at sick call on June 2, 2003. You were treated with ibuprofen (Motrin). The next complaint of headache was August 28, 2003, and Motrin was again prescribed. You have been evaluated for headaches 11 times since the August 28, 2003, visit, including examinations by the clinical director and medical officer. You are currently on medication for your headaches. A CT scan is not clinically indicated at this time. There is no evidence of deliberate indifference or improper conduct by medical staff.

Based on this information, your Request for Administrative Remedy is denied.

In the event that you are not satisfied with this response, you may appeal within twenty (20) calendar days from the date of this response by submitting a BP-DIR-230 to the regional director.

3 23 64 Date

James F. Sherman, Warden

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U.S. DEPARTMENT OF JUSTICE 3 of 25

Case 1 U3-cv-00368-SJM-SPB DECOMPAN REQUEST FOR ADMINISTRATIVE REMEDY

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RECIPIENT'S SIGNATURE (STAFF MEMBER)

DATE

JSP Lift

Relief Requested:

The Petitioner has requested nothing that is not required; however, no one seems to take his request seriously. He is now making them

- 1.) The Petitioner is requesting to see a "Medical Doctor" due to the fact the frequency in which he has these headaches is not
- 2.) The Petitioner is requesting that until he does see a Medical Doctor that the medical department supply him with the necessary
- 3.) The Petitioner is requesting that the serverity of his headaches be considered an "emergency", and that he be allowed to come down to the hospital whenever necessary.
- 4.) The Petitioner is requesting a "cat scan" performed by a real M.D.
- The Petitioner is requesting that the head doctor Mr. Smith be reprimanded, and that he be issued a sanction in the amount of two (2) weeks suspension with the loss of pay. He is not taking my medical problem seriously. Someone in his position should not be showing an inmate deliberate indifference in regards to their medical needs when his job is so necessary to overseeing that an inmate not suffer any unnecessary pain.

Respectfully Submitted,

In Pro-se.

Dated: March 2, 2004

Case 1-03-cv-00368-SIM-SEB Document 57-10. Filed 02/16/4006RESOUGHION2FORM PART 1 NOTICE TO INMATE: Before filing a Request for Administrative Remedy Form BP-229, you MUST attempt to you have made to reactive your complaint information. Strictly state your complaint attempt to your have made to reactive your complaint information.
This Informal Resolution Form was issued by Correctional Counselor, on and returned to the Counselor on 21604.
INMATE: Leslie R. Kelly REG. NO. #26864-039 - QUARTERS:
1. COMPLAINT: On February 7, 2004, I filed a BP-8 with the case manager Mr. Kenavator complaining about the severe headaches I've been
having, and the "deliberate indifference" I've experienced with
staff and medical department. I have not received a response yet
of this date. I've been to the Warden a number of times complaining
about the situation, and he has referred me each time to another individual. This complaint is in regards to February 13, 2004,
2. EFFORTS MADE TO INFORMALLY RESOLVE & STAFF CONTACTED:
I talked to the Warden, the A.W., and Mr. Smith From Medical.
As of today I have not received any of the things that I have request,
nor have I received any refills of medicine although my headaches
IMMATE'S SIGNATURE REG. NO. DATE
DO NOT WRITE BELOW THIS LINE
PART 2 CORRECTIONAL COUNSELOR'S COMMENTS:
EFFORTS MADE TO INFORMALLY RESOLVE & NAMES OF STAFF CONTACTED:
DATE INFORMALLY RESOLVED or BP-229 ISSUED (circle one):
COUNSELOR'S SIGNATURE

DISTRIBUTION: If complaint is NOT informally resolved, forward original attached to BP-229 form to Warden (Attn: Warden's Secretary).

(Attachment).

I went to the Warden in the dining hall and again complained that I was not being treated competently for my severe headaches, and that the people he had referred me to had failed to adequately me again back to the P.A. Mr. Smith. He called and made an arrangement for me to see the doctor on the following Friday. I tried to explain medication, he in turn showed "deliberate indiffenence" and said wait until next Friday when I had an appointment. My head hurts every single day, I told him that, as well as I was going over there when my head starts hurting whether I have an appointment or not. He obtained an attitude. The treatment that I'm am receiving is unsatisfactory, and unacceptable.

Relief Requested:

I am again requesting to see a "real" Medical Doctor", these headache

I am requesting that until I am seen by a doctor that the medical department provide me with an adequate amount of pain medicine.

I am requesting that my headaches be considered an emergency, and that I be allowed to come to the medical whenever they occured.

I am requesting a "catscan" by a real M.D.

I am requesting that P.A. Smith be reprimanded, and that he be sanctioned to two (2) weeks suspension with loss of pay. He told me he could do nothing for me until next Friday like I am playing. I have been coming to the doctor for over a year now and it is well documented, it I was playing it would be over by now. My headaches are severe, and they occur everyday.

Respectfully Submitted,

Leslie R. Kelly In Pro-se.

Informal Resolution Response

NAME: Kelly, Leslie REG NO. 26864-039

In your request for "Informal Resolution", you stated you are not getting the proper medical attention you feel you deserve in regards the headaches you have been getting.

After investigating your complaint the following information was obtained. You were showing up during the Urgent Sick Call for your headaches and staff instructed you that headaches were not considered emergencies, and you needed to sign up for sick call. Which you failed to do. You have also been scheduled for an appointment on February 20, 2004, at 12:30 PM.

G. Buck, Correctional Counselor

February 18, 2004 Date



16 1810:55

FEDERAL BUREAU OF PRISONS memorandum

FCI McKean, Pennsylvania

DATE:

March 15, 2004

REPLY TO

ATTN. OF:

Rosemary Dean, Warden's Secretary

SUBJECT:

Administrative Remedy (BP-9)

MCK 327552-F2

TO:

Rodney Smith, HSA

Please investigate the attached Request for Administrative Remedy (BP-9) filed by inmate **KELLY**, **Leslie**, **Reg. No. 26864-039**. Route your response through your associate warden and the camp administrator/legal liaison. Your response is due in the warden's office no later than **March 22**, **2004**.

Case 1:03-cv-00368-SJM-SPB Document 57-10 Filed 02/16/2006 Page 9 of 25

BP-S148.055 INMATE REQUES: TO STAFF CDFPM SEF 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
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	This form replaces BP-148.070 dated Oct 86

and BP-S148.070 APR 94

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	Page 10 of 25
Market in a	Inmate Sick Call Sign-Up Sheet
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2.	Reg. Number: 26864-039
	(Nombre) Reg. Number: 26844-039 (Numero de Registro) Date: 2-8-04
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4.	(Fecha) Housing unit and Unit Team: B.B 223 TEAM: ABC D (unidad y equipo de la unidad)
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8.	Have you purchased Over-the-Counter Medications from Commissary?
	(Ha comprado medicinas non-prescipcion en la Comisaria?)
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	(Firma)
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11.	Time seen:
12.	Subjective:
	Date seen: Time seen: Subjective: Time seen: Time
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13.	Objective: Temp:Pulse RespirationsB/P
14.	Appointment Date: Appointment Time :
15.	Triage Personnel's Signature:

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BP-S148.055 INMATE REQUES. TO STAFF CDFRM SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	
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ord Copy - File; Copy - Inmate	1 11 10-03
is form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86

Case 1:03-cy-00368-SJM-SPB Document 57-10 SEP 98

Filed 02/16/2006 Page 13 of 25

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DAME
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FCI McKean

Signatura Staff Member

Date

9/26/13

Record Copy - File; Copy - Inmate (This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



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FCI McKean Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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FCI McKean Inmate Sick Call Sign-Up Sheet (Formulario y Registro para Atencion Medica de Confinados)

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BP-S14Case 1:03KeV-00368-SIM-SPB STAFF COFRM Filed 02/16/2006 Page 18 of 25 SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:
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If you want glasses from the outside, send me person who will be sending the glasses to you and have it approved. Let me know you alread a copy.	. I will prepare a package authorization
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Signature Staff Member Oldwell. HSPA	12-5-02
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(This form may be replicated via WP) Diane Caldwell Health Services Program Assistant P.O. Box 5000 Bradford, PA 1670	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

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FCI McKean

Inmate Sick Call Sign-Up Sheet
(Formulario y Registro para Atencion Medica de Confinados)

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Case 1:03-cv-00368-SJM-SPB Document 57-10 Filed 02/16/2006 Page 20 of 25 5P-5148.055 INMATE REQUES TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISO

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	PEDERAL BUREAU OF PR
TO: (Name and Title of Staff Member)	
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FCI McKean

Inmate Sick Call Sign-Up Sheet

(Formulario y Registro para Atencion Medica de Confinados)

	INSTRUCTIONS:	
	You must fill out this form completely, numbers 1-9: (Debe de llanar este formulario completamente pura	
(You must fill out this form completely, numbers 1-9:	٠
	(Debe de llanar este formulario completamente, numeros 1-9.)	
	1. Name: LESLIE VELLI	
_	72114	
2	(1000010)	
•	Reg. Number: 24664039	
3.	(Numero de Registro)	
. نب	1-/3:-0 4	
4.		wheels
4.		
5.	(Officially equipo de la unidad)	
٠.	Complaint. What is your problem 2	-
	(Queja). (Cual es su problema?)	•
	My teeth chroked up all of them	
	- My teeth chroted up all to have.	-
_	all of them	
6.	How long have you had this	
	Durante cuante tiemno ha tanida	
_	Dias) (Masas)	•
7.	Are you on any medication(a)	
	(Esta usted tomando alguna(s) medicinas actualmente?)	
_	medicinas actualmente?)	
8.	Have you purchased Over-the-Counter Medications from Commissary? (Ha comprado medicinas non-prescipcion en la Commissary?	
	(Ha comprado medicinas non-prescipcion en la Comisaria?	
	YesNo	•
9,	Signature	
	(Firma)	
TO		
10	BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:	
	TRIAGE PERSONNEL:	
10.	Date Seen:	
	Date Seen:	
11.	Time Seen:	
,•	time Seell:	
12.	Continue	
••	Subjective:	
13.		
15,	Objective: Temp. Pulse Respirations B/P	
13,	Respirations B/P	
	ADDOINTMENT Date:	
14.	Appointment Time	٠
14.	Triage Personnel's Signature:	
		•
	O A	
	Thease submet the enclosed con-	-
	the Mut in la sink and	7 0
	Please submet the enclosed Cop- out from. The sheet is for sick case	٠,

Jostota 9-25-02

Document 57-10

Filed 02/16/2006

Page 22 of 25

FCI McKean

Inmate Sick Call Sign-Up Sheet
(Formulario y Registro para Atencion Medica de Confinados)

INSTRUCTIONS	:
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3	You must fill out this form completely, numbers 1-9:	
(Debe de llanar este formulario completamente, numeros 1-9.)	
1.	1 (3/15 4 6 1/1)	
	(Nombre)	
2.		
	(Numero de Registro)	
3.	Date: $7-4-62$	
	(Fecha)	
4.	Housing unit and Unit Team: BB245 TEAM: A P. C. D.	ŕ
_	(Onitized y equipo de la unidad)	-
5.	Complaint. What is your problem ?	
	(Queja). (Cual es su problema?)	• •
	- tiend	
	- there stall of	•
_	100th AICE	
6.	How long have you had this problem?	
	(Durante cuante tiempo ha tenido este problement	
	Verm	•
_	Dias) (Meses)	
7.	Are you on any medication(s) at many 10'71	
	(Esta usted tomando alguna(s) medicinas actualmente?)	
8.		. '
٥.	Have you purchased Over-the-Counter Medications from Commissary?	
	7, Prescription til 19 (Omigapia)	
	YesNo_1/N	
. 9.	Signature Sala Communication of the Signature	
٠,	(Firma)	•
TOE	SE COMPLETED BY HEALTHO	
	BE COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:	
	00/4	
10.	Date Seen: 67/16/08)	
	(242)	
11.	Time Seen: / 300 WW	
		•,
12.	Subjective: Why tooth, but land	
•	something black on it week and head	
	g sun or M.	
		•
12		
13.	Objective: Temp. Pulse Respirations B/P	
17	B/F	
13.	Appointment Date:	
14.		
. 4.	Triage Personnel's Signature:	_
		•

FCI McKean

Inmate Sick Call Sign-Up Sheet
(Formulario y Registro para Atencion Medica de Confinados)

I	NSTRUCTIONS:
Y	Ou must fill out this form
()	Debe de llanar este formularia anni di minimi
	Debe de llanar este formulario completamente, numeros 1-9.)
Ι.	
	(Nombre)
2.	Reg. Number: 264641134
	(Numero de Registro)
3.	Date: $9-4-02$
	(Fecha)
4.	Housing unit and Unit Team: BB245
5.	(Unidad y equipo de la unidad)
3.	Complaint. What is your problem?
	(Queja). (Cual es su problema?)
	My tos From the stees I had it for to weell
• *	- My too toom the steel on
6.	Howlers & to week
	How long have you had this problem?
	(Durante cuante tiempo ha tenido este problema?) Days & Months
	Dias
7.	Are you on any medication(s) at present? Yes
	(Esta usted tomando alguna(s) medicinas actualmente?)
_	alguna(s) medicinas actualmente?)
8.	Have you purchased Over-the-Counter Medications from Commissary? (Ha comprado medicinas non-prescipcion en la Commissary?
	(Ha comprado medicinas non-prescipcion en la Comissaria? . Yes No
	YesNoNo
9.	Signature of the state of the s
	Signature Coslo Hell
ТО В	E COMPLETED BY HEALTHCARE
	E COMPLETED BY HEALTHCARE STAFF TRIAGE PERSONNEL:
10.	
10.	Date Seen:
11.	Time Seen:
-,-	· mie Seen:
12.	Subjective:
	and the state of t
13.	Objective: Temp. Pulse Respirations
	Respirations B/P
13.	Appointment Date: 9/1/2/2
4	Appointment Time 7
4.	Triage Personnel's Signature:
	The state of the s
• -	
	· ·

BP-S148.058 INMATE REQU. 1 TO STAFF CDFRM SEF 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member)	DATE:	
	7-28-02	•
LESLIE Kelly	REGISTER NO.:	
WORK ASSIGNMENT:	26864039	
NONE	UNIT: BB 245	
SUBJECT: (Briefly state your question or Continue on back, if necessary. Your fail taken. If necessary, you will be interview.	concern and the solution you lure to be specific may resu	are requesting. It in no action bei
taken. If necessary, you will be interviewrequest.)	wed in order to successfull	y respond to your
I would like to ha	ve m. 1-11 -1	_
- So CAN VOU KING ME	- 1 La 1 L	14 10
Thank ()	IN PAC 1, ST as	<u>p</u>
Thank you Very	much	
		·
I was on the c	allout to set	my teeth
- CONSTRUCTION	DIT I had t	-
ATION WARD I		- . /
- I CATE - TOOKE WAY	TIME A WEAR IN	PholE
	BACL THANK	1010
much		John Cary
	,	
(Do not write	below this line)	
DISPOSITION:		
Var have been c	idded	
you have been o		
- 40 Oct 021		
•	<i>*</i>	
		·
		501 M V
Control of the Contro	T	FCI McKean
Signature Staff Member	Date	
cord Copy - File; Copy - Inmate	T 02.00	
nis form may be replicated via WP)	This form replaces BP-148 and BP-S148.070 APR 94	.070 dated Oct 86
	DE DI40.0/U APR 94	整花的 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十

BP-S148.055 INMATE REQUEST TO STAFF CDFRM **SEP 98**

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: (Name and title of staff member):	D
	Date:
Deutist	3-25-02
From:	Registration number:
Justick M	
Work assignment:	26864039
Paint-2	Unit:
17-101	F/12
interviewed in order to successfully response	
- Lwastd like to Know	about getting my test
The bone rap	1-25-07 L. L. 18
give me a DASS 1	T.
Over A VEAR TO	L GEEN WAITING
TOW HOO	I I nerelia R. 1
PLEASE CAD you put me	BACK ON the list callout
Bood Thackyou was	13T Callout
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	(0
	(Continue on back if necessary
(Do not write be	clow this line)
Disposition:	
Morris P.	1 1
your Resched as	for Monday april 2
(002 @ 0800 ×	
-	
gnature of staff member:	
	Date:
refruell Rally And	7/201
form may be replicated via WP)	2/29/02
	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94